Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10685124

| Encouve detable. 1, 2000  |  |   |                                      |                                |              |                   |        | 10080127      |                        |        |                     |                        |  |
|---|--|---|--------------------------------------|--------------------------------|--------------|-------------------|--------|---------------|------------------------|--------|---------------------|------------------------|--|
|   |  | CLAIMS AS                                 | S FILED -<br>(Column                 |                                | (Column 2)   |                   |        | SMALL EN      | NTITY                  | OR     | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS  |  |   | 18                                   |                                |              |                   |        | RATE          | FEE                    | ]      | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED                         |                                | NUMBER EXTRA |                   |        | BASIC FEE     | 385.00                 | OR     | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | (2) minus 20=                        |                                | * Ø          |                   |        | X\$ 9=        |                        | OR     | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | f minus 3 =                          |                                | * &          |                   |        | X43=          |                        | OR     | X86=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PI   |  |   | RESENT                               |                                |              |                   |        | +145=         |                        | OR     | +290=               |                        |  |
| * If the difference in column 1 is  |  |   | less than zero, enter "0" in column  |                                |              | olumn 2 '         | L      | TOTAL         |                        | OR     | TOTAL               | 770                    |  |
|   | С  | LAIMS AS A                                | MENDED - PART II  (Column 2) (Column |                                |              | (Column 3)        |        | SMALL         | ENTITY                 | OR     | OTHER<br>SMALL      |                        |  |
| _   |  | CLAIMS                                    |                                      | HIGH                           |              | (Coldinii 3)      | г      |               | 4501                   | 1      |                     | 4001                   |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                      | NUMI<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA  |        | RATE          | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                | **                             |              | =                 |        | X\$ 9=        |                        | OR     | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus                                | ***                            |              | =                 |        | X43=          |                        | OR     | X86=                |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                                |              | لل_               | Ī      | +145=         |                        | OR     | +290=               |                        |  |
| TOTAL   |  |   |                                      |                                |              |                   |        |               |                        |        | TOTAL               |                        |  |
|   |  |   | ADDIT. FEE                           |                                | OR           | ADDIT. FEE        |        |               |                        |        |                     |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                      |                                |              |                   |        |               |                        |        |                     |                        |  |
|   |  | CLAIMS                                    |                                      | HIGH                           | EST          |                   | lr     |               | ADDI-                  |        |                     | ADDI-                  |  |
| H B   | :  | REMAINING<br>AFTER                        |                                      | NUMI<br>PREVIO                 |              | PRESENT<br>EXTRA  |        | RATE          | TIONAL                 |        | RATE                | TIONAL                 |  |
| IZ.   |  | AMENDMENT                                 |                                      | PAID                           |              | LXTIX             |        |               | FEE                    |        |                     | FEE                    |  |
| AMENDMENT   | Total  | *   | Minus                                | **                             |              | =                 |        | X\$ 9=        |                        | OR     | X\$18=              |                        |  |
|   | Independent                                    |   |                                      | CLAINA                         | =            |                   | X43=   |               | OR                     | X86=   |                     |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                      |                                |              |                   | ' [    | +145=         |                        | OR     | +290=               |                        |  |
|   |  |   |                                      |                                |              |                   |        | TOTAL         |                        | OR     | TOTAL<br>ADDIT. FEE |                        |  |
|   | ADDIT. FEEOR                                   |   |                                      |                                |              |                   |        |               |                        |        |                     |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                      |                                |              |                   |        |               |                        |        |                     | \                      |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA  |        | RATE          | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                | **                             |              | =                 |        | X\$ 9=        |                        | OR     | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus                                | ***                            |              | =                 |        | X43=          |                        | OR     | X86=                |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                                |              |                   |        | +145=         | ·                      | OR     | +290=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                      |                                |              |                   |        |               |                        | - 1    | TOTAL               |                        |  |
| **  | If the "Highest Nur                            | mber Previously Pa<br>mber Previously Pa  | aid For" IN THIS                     | S SPACE is                     | s less tha   | n 20, enter "20.' | A      | DDIT. FEE     |                        | OR     | ADDIT. FEE          |                        |  |
| a mil   | ii the Highest Nur<br>The "Highest Nurr        | mber Previously Pai                       | d For" (Total or                     | Independe                      | ent) is the  | highest numbe     | r four | nd in the app | ropriate box           | in col | umn 1.              |                        |  |